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20995 7590 06/02/2004

KNOBBE MARTENS OLSON & BEAR LLP
2040 MAIN STREET
FOURTEENTH FLOOR
IRVINE, CA 92614

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Tina Chen	(Depositor's name)
<i>[Signature]</i>	(Signature)
September 2, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/712,747	11/12/2003	Michael A. Taylor	PRSMED.012C3	8892

TITLE OF INVENTION: IN-LINE IV DRUG DELIVERY PACK WITH CONTROLLABLE DILUTION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	09/02/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
FRISTOE JR, JOHN K	3754	604-252000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. KNOBBE, MARTENS,
2. OLSON & BEAR LLP
3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

PrisMedical Corporation

Napa, CA

Please check the appropriate assignee category or categories (will not be printed on the patent):

☐ individual ☒ corporation or other private group entity ☐ government

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☒ Issue Fee☒ Publication Fee☐ Advance Order - # of Copies 10

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☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 11-1416 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

(Date)

Tina Chen, Reg. # 44,606

September 2, 2004

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09/10/2004 RMEBRAH1 00000109 10712747

01 FC:1501

02 FC:1504

03 FC:8001

1330.00 OP

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TRANSMIT THIS FORM WITH FEE(S)



PATENT

Case Docket No. PRSMED.012C3

Date: September 2, 2004

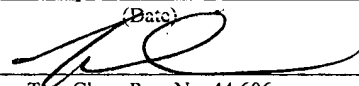
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Michael Taylor
Appl. No. : 10/712,747
Filed : November 12, 2003
For : IN-LINE IV DRUG DELIVERY
PACK WITH CONTROLLABLE
DILUTION
Group Art Unit : 3754
Class/Sub-Class : 604/252000
Examiner : John K. Fristoe, Jr.

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September 2, 2004

(Date)


Tina Chen, Reg. No. 44,606


TRANSMITTAL LETTER

MAIL STOP ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Enclosed for filing is the Issue Fee for the above-identified application:

- (X) Form PTOL-85.
- (X) A check in the amount of \$1,660 to cover the issue fee, publication fee, and advanced order of copies is enclosed.
- (X) The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Account No. 11-1410.
- (X) Return prepaid postcard.


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Attorney of Record
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